

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

ADDRESS (number and street) ▼

ATTENTION: MARY ANN ROUSE

1000 BLYTHE BOULEVARD

☐ Check if different than previously reported. (ACC)

CHARLOTTE

NC

28203-2861

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00423871

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
**PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on  /  /  in the State of

- (d) 30-Day ☒ **POST-Election** General (30G) ☐ Runoff (30R) ☐ Special (30S)  
 Report for the:

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer

Mary Ann Rouse

[Electronically Filed]

Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		274486.06
(b) Cash on Hand at Beginning of Reporting Period.....	56598.64	
(c) Total Receipts (from Line 19) .....	14661.40	80548.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	71260.04	355034.11
7. Total Disbursements (from Line 31) .....	0.00	283774.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	71260.04	71260.04
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period:

From:

10

16

2014

To:

11

24

2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

14283.01

66465.44

(ii) Unitemized .....

368.49

11275.36

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

14651.50

77740.80

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

14651.50

77740.80

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

137.72

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

2500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

9.90

169.53

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

14661.40

80548.05

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

14661.40

80548.05

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	24.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	24.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	52500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	231250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	283774.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	283774.07

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14651.50	77740.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14651.50	77740.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	24.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	137.72
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	-113.65

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

## **A. Robert Battista**

Mailing Address 1008 Sultana Lane

City State Zip Code  
 Matthews NC 28104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

Transaction ID : SA11AI.12706

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

## **B. Pamela M Beckwith**

Mailing Address 1709 Rosebank Lane

City State Zip Code  
 Charlotte NC 28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.37

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

Transaction ID : SA11AI.12721

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

## **C. Benjamin Rix Brooks**

Mailing Address 2024 New Hope Road

City State Zip Code  
 Charlotte NC 28203-6064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 PHYS

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

Transaction ID : SA11AI.12727

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

229.18

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Jerry L Bryson**

Mailing Address 148 Cabell Way

City State Zip Code  
 Charlotte NC 28211

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

Transaction ID : SA11AI.12718

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen C Burr**

Mailing Address 203 Eslynn Road

City State Zip Code  
 Mount Holly NC 28120

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

Transaction ID : SA11AI.12729

Amount of Each Receipt this Period

62.50

Payroll Deduction \$62.5 monthly

Full Name (Last, First, Middle Initial)

**c. Nancy C. Butler**

Mailing Address 3821 Kitley Place

City State Zip Code  
 Charlotte NC 28210

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

Transaction ID : SA11AI.12742

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

129.17

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

## **A. Dr. Vincent P Casingal**

Mailing Address 7112 Graybeard Court

City State Zip Code  
Charlotte NC 28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
PHYS

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12763

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

## **B. Mr. Jack F Chamblee**

Mailing Address 798 Hidden Forest Lane

City State Zip Code  
Hayesville NC 28904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12765

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

## **C. Mr. Paul G Colavita**

Mailing Address 2401 Inverness Road

City State Zip Code  
Charlotte NC 28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12735

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

108.34



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

## **A. Rose Lyerly Cook**

Mailing Address 1329 Wyanoke Avenue

City State Zip Code  
 Shelby NC 28152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

Transaction ID : SA11AI.12716

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

## **B. Rose Lyerly Cook**

Mailing Address 1329 Wyanoke Avenue

City State Zip Code  
 Shelby NC 28152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 07 2014

Transaction ID : SA11AI.12780

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Susan M Demchak**

Mailing Address 2708 Lake Wylie Dr

City State Zip Code  
 Rock Hill SC 29732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Carolinas HealthCare System

Occupation  
 Physician

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 14 2014

Transaction ID : SA11AI.12787

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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PAGE 10 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

## **A. Kathryn Jeanne Dever**

Mailing Address 3277 Richard's Crossing

City State Zip Code  
Fort Mill SC 29708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.12739

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

## **B. David L Dunlap**

Mailing Address 54 Picard Way

City State Zip Code  
Charleston SC 29412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
Administrator

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 11 / 2014

Transaction ID : SA11AI.12792

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Mr. David M Ellerbe**

Mailing Address 2030 Peppercorn Ln

City State Zip Code  
Charlotte NC 28205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.12730

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1041.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 31  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Michael P Fabrizio**

Mailing Address 18754 Greyton Lane

City State Zip Code  
Davidson NC 28036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.12724

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

**B. W Lee Fanning**

Mailing Address 5625 Fairway View Dr

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
Physician

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 11 / 2014

Transaction ID : SA11AI.12793

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Arthur M Fisher**

Mailing Address 2088 Cavendale Drive

City State Zip Code  
Rock Hill SC 29732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
Administrator

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2014

Transaction ID : SA11AI.12783

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Dr. Marsha D Ford**

Mailing Address 6836 Alexander Road

City State Zip Code  
Charlotte NC 28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

PHYS

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12758

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

**B. Michelle Fortune**

Mailing Address 105 Willow-Ridge Drive

City State Zip Code  
Morganton NC 28655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12710

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

**C. Mr. Paul S Franz**

Mailing Address 1320 Fillmore Avenue #505

City State Zip Code  
Charlotte NC 28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.37

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12715

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

558.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

## **A. Dr. Ted Garcia**

Mailing Address 989 Wessington Manor Lane

City State Zip Code  
Fort Mill SC 29715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
PHYS

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.12773

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

## **B. Mr. Greg A Gombar**

Mailing Address 4625 Cotton Creek Drive

City State Zip Code  
Charlotte NC 28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.37

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.12748

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

## **C. Mr. Clark E Goodwin**

Mailing Address 6028 Alexa Road

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.12755

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

462.51

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

## **A. Kathleen Grew**

Mailing Address 8603 Excalibur Way

City State Zip Code  
 Huntersville NC 28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

VP

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2014

Transaction ID : SA11AI.12767

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

## **B. James B Hall**

Mailing Address 1114 Belgrave Place

City State Zip Code  
 Charlotte NC 28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Physician

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 24 / 2014

Transaction ID : SA11AI.12779

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Dr. Mary N Hall**

Mailing Address 1040 Queens Road

City State Zip Code  
 Charlotte NC 28207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2014

Transaction ID : SA11AI.12709

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

604.18

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Sara J Herron**

Mailing Address 9422 Briarwick Lane

City

Charlotte

State

NC

Zip Code

28277-1673

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12769

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

**B. Dr. Robert V Higgins**

Mailing Address 7112 Fairway Vista Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12762

Amount of Each Receipt this Period

20.00

Payroll Deduction \$20 monthly

Full Name (Last, First, Middle Initial)

**C. Laurence C Hinsdale**

Mailing Address 7117 Stirewalt Road

City

Concord

State

NC

Zip Code

28027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12764

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

395.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Christopher R Hummer**

Mailing Address 215 Hillside Avenue

City State Zip Code  
 Charlotte NC 28209

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

Transaction ID : SA11AI.12731

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

**B. James C Hunter**

Mailing Address 2701 Rothwood Drive

City State Zip Code  
 Charlotte NC 28211

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

Transaction ID : SA11AI.12736

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

**C. Mr. W. Christopher Johnson**

Mailing Address 445 Forest Hill Circle

City State Zip Code  
 Rutherfordton NC 28139

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

Transaction ID : SA11AI.12747

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

333.34

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Scott Robertson Jones**

Mailing Address 9707 Welwyn Lane

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

Transaction ID : SA11AI.12772

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

**B. Stephen Dennis Jones**

Mailing Address 125 Lake Mist Drive

City

Belmont

State

NC

Zip Code

28012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

Transaction ID : SA11AI.12713

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

**C. Ms. Kathleen Ann Kaney**

Mailing Address 2316 Vail Avenue

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2015

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

614.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2014

Transaction ID : SA11AI.12785

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

541.68

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Robert M Keener**

Mailing Address 625 Club Drive

City State Zip Code  
Stanley NC 28164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12756

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

**B. John C Kiser**

Mailing Address 811 Sellerstown Road

City State Zip Code  
Cherryville NC 28021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2014

Transaction ID : SA11AI.12798

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. John J Knox**

Mailing Address 6530 Boykin Spaniel Road

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12757

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

316.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Thomas F Laymon**

Mailing Address 2004 Garden View Lane

City State Zip Code  
Weddington NC 28104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.12726

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

**B. F Scott Leighty**

Mailing Address 721 Governor Morrison St  
Apt 214

City State Zip Code  
Charlotte NC 28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 12 / 2014

Transaction ID : SA11AI.12797

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Frank S Letherby**

Mailing Address 9438 White Hemlock Lane

City State Zip Code  
Charlotte NC 28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.12770

Amount of Each Receipt this Period

60.00

Payroll Deduction \$60 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1660.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Mr. W. Spencer Lilly**

Mailing Address 9306 Copans Glen Lane

City State Zip Code  
Huntersville NC 28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.37

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.12768

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

**B. Toni G Lovingood**

Mailing Address 406 Long Branch Road

City State Zip Code  
Marble NC 28905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.12744

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

**C. Frieda M Lowder**

Mailing Address PO Box 5685

City State Zip Code  
Concord NC 28027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.12775

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.85

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

## **A. Michael J Lutes**

Mailing Address 4025 Camrose Crossing

City State Zip Code  
 Matthews NC 28104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2014

Transaction ID : SA11AI.12743

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

## **B. Thomas Magraw**

Mailing Address 3238 Tatting Road

City State Zip Code  
 Matthews NC 28105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Carolinas Healthcare System

Occupation  
 Vice President, MMG

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 07 / 2014

Transaction ID : SA11AI.12788

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Steven Boyd Martin**

Mailing Address 1904 DeArmon Drive

City State Zip Code  
 Charlotte NC 28205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2014

Transaction ID : SA11AI.12725

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

358.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. James R McPherson**

Mailing Address 1110 Lancashire Drive

City State Zip Code  
Fort Mill SC 29707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 12 / 2014

Transaction ID : SA11AI.12778

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. John G Moore**

Mailing Address 3530 Providence Plantation Lane

City State Zip Code  
Charlotte NC 28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12740

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

**C. Michael Mallowney**

Mailing Address 709 Galway Court

City State Zip Code  
Matthews NC 28104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12761

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

541.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Mr. James C Olsen**

Mailing Address 5900 Summerston Place

City State Zip Code  
 Charlotte NC 28277

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.74

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

Transaction ID : SA11AI.12753

Amount of Each Receipt this Period

208.34

Payroll Deduction \$208.34 monthly

Full Name (Last, First, Middle Initial)

**B. Mr. Joseph G Piemont**

Mailing Address 2028 Hopedale Avenue

City State Zip Code  
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

Transaction ID : SA11AI.12728

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

**C. Debra Plousha Moore**

Mailing Address 6935 Conservatory Lane

City State Zip Code  
 Charlotte NC 28210

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.37

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

Transaction ID : SA11AI.12759

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

775.01

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Daniel D. Raischel**

Mailing Address 5057 Crofton Drive

City State Zip Code  
Fort Mill SC 29715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.12750

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

**B. Mr. James A Ramsey**

Mailing Address 8028 Water View Drive

City State Zip Code  
Belmont NC 28012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.12766

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

**C. Mr. Roger A Ray**

Mailing Address 11029 Lederer Ave

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.12711

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

291.68



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial)  <b>A. Lawrence W Raymond</b></p> <p>Mailing Address 5740 Ballinard Lane</p> <p>City State Zip Code  Charlotte NC 28277</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Carolinas HealthCare System Physician</p> <p>Receipt For: 2015  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1077.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  11 / 11 / 2014  <b>Transaction ID : SA11AI.12794</b></p> <p>Amount of Each Receipt this Period  577.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. Dr. Charles B Rich</b></p> <p>Mailing Address 4100 Foxcroft Road</p> <p>City State Zip Code  Charlotte NC 28211</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  CarolinasHealthCareSystem PHYS</p> <p>Receipt For: 2015  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  11 / 19 / 2014  <b>Transaction ID : SA11AI.12789</b></p> <p>Amount of Each Receipt this Period  250.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>c. Mr. Craig D. Richardville</b></p> <p>Mailing Address 17235 Glassfield Drive</p> <p>City State Zip Code  Huntersville NC 28078</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Carolinas HealthCare System ADMIN</p> <p>Receipt For: 2014  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  275.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  10 / 31 / 2014  <b>Transaction ID : SA11AI.12723</b></p> <p>Amount of Each Receipt this Period  25.00</p> <p>Payroll Deduction \$25 monthly</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>852.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

## **A. Douglas C Roush**

Mailing Address 2710 Normandy Road

City State Zip Code  
 Charlotte NC 28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12737

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

## **B. Nykola Samilo**

Mailing Address 408 Imperial Way

City State Zip Code  
 Albemarle NC 28001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12745

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)

## **C. John Michael Santopietro**

Mailing Address 320 Charndon Village Ct

City State Zip Code  
 Charlotte NC 28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12738

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

83.35

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Carnetha M Simmons**

Mailing Address 2225 Hawkins Street #235

City State Zip Code  
Charlotte NC 28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
PHYS

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12732

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

**B. Mr. Ronald M Smidt**

Mailing Address P O Box 901

City State Zip Code  
Troutman NC 28166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12774

Amount of Each Receipt this Period

30.00

Payroll Deduction \$30 monthly

Full Name (Last, First, Middle Initial)

**C. Keith A Smith**

Mailing Address 2122 Dilworth Road West

City State Zip Code  
Charlotte NC 28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
Attorney

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 11 / 2014

Transaction ID : SA11AI.12784

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1555.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

## **A. GRACE SOTOMAYOR**

Mailing Address 6506 Donnegan Farm Road

City State Zip Code  
 CHARLOTTE NC 28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CAROLINAS HEALTHCARE SYSTEM

Occupation  
 ADMINISTRATION

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2014

Transaction ID : SA11AI.12796

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. James Michael Stevenson**

Mailing Address 1711 Mission Road

City State Zip Code  
 Murphy NC 28906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12722

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

## **C. Mr. Michael C Tarwater**

Mailing Address 1414 Biltmore Drive

City State Zip Code  
 Charlotte NC 28207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CarolinasHealthCareSystem

Occupation  
 ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.37

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12717

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Alfred P Taylor**

Mailing Address 125 Lakeland Circle

City

Mt. Gilead

State

NC

Zip Code

27306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinassHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12714

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

**B. Dr. Chris M Teigland**

Mailing Address 700 Hungerford Place

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinassHealthCareSystem

Occupation

PHYS

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12760

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 monthly

Full Name (Last, First, Middle Initial)

**C. Mr. David Thomas**

Mailing Address 1609 Penderlea Lane

City

Matthews

State

NC

Zip Code

28105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinassHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12720

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 30 OF 31  
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

**A. Joan Thomas**

Mailing Address 230 Summermore Drive

City State Zip Code  
Charlotte NC 28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.12733

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

**B. Ms. Martha J Whitecotton**

Mailing Address 9526 Greyson Ridge Drive

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.12771

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

**C. Mary Ann Wilcox**

Mailing Address 5314 Wingedfoot Road

City State Zip Code  
Charlotte NC 28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.12751

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

## **A. Stephen Wilhoit**

Mailing Address 5933 Deveron Drive

City State Zip Code  
Charlotte NC 28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Healthcare Executive

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 17 / 2014

Transaction ID : SA11AI.12795

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Phyllis Anne Wingate**

Mailing Address 6005 Willowood Road

City State Zip Code  
Kannapolis NC 28081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12754

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

## **C. Zachary Zapack**

Mailing Address 1015 Charlotte Ave #351

City State Zip Code  
Rock Hill SC 29732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.12707

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

14283.01